DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY b. COUNTY Harford Maryland by the and 2 s Cecil MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Pages 1 urs after Perry Point lmo.13days .= -Havre de Grace Filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? 913 S. Washington Veterans Administration Hospital YES NO executed 3. NAME OF Last 4. DATE Month Day DECEASED ROY BATLEY 26 19 62 (Type or print) April DEATH and con carbon tt, withir 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE [In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours 8-24-21 Male White WIDOWED [DIVORCED requires that the death certificate physician Гетоме 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Fiber Glass Co. North Carolina Machine Operator 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 Hen please ple Lonnie G. Bailey (deceased) Minnie Murphy deceased. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or detas of service Hospital Records, VAH, Perry Point, Md. ng physician. 241-22-6347 Yes WW-II 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ۵ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Peritonitis and Bronchopneumonia 24-36 Hrs. IMMEDIATE CAUSE (a) Combined effects of: DUE TO ending Sub-total gastrectomy (4-24-62) for gastric Conditions, if eny, which gave rise to immediate cause ulcer. DUE TO (a), stating the underlying cirrho-Chronic ascites, peritoneal reaction, and early cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY CERTIFICATION Se PERFORMED? Arteriosclerotic heart disease. YES -NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 2Df. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While Hour am at work | et work OR Zawana Zawa and on the date stated above 22e SIGNATURE 22b. DATE 0 ATTENDING SIGNED DIRECTOR PHYS. PHYS. X M.D. HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Clinical Pathologist, VAH, Perry Point, Md. MOONEY Asst. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23. PURIAL CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) ₩ Baltimore National 0 Baltimore, Maryland REC'S BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNEKAL DIRECTOR'S SIGNA ADDRESS VR A1S [4] Chilhur S. Thraces 15M 7/61 de Havre Grace. Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH

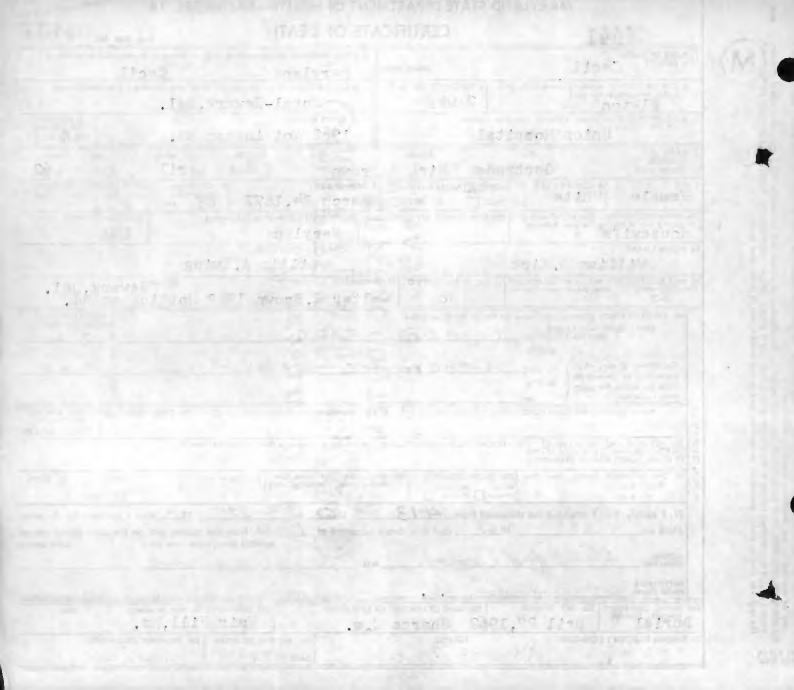
144 14 t Trans land light 6 I - -117 2 1 on the county of the county on the brends I, Julian (decount) | Class broads (Jesusca) All among the colors and successful this country of the last 11209 Level to and the order of the second to a the street of the cold attended to the law of the order to the desired to enginte men una , minute Menurita , en tem utinata (U) . temporal 7 - all structure of the Le a -- control 11 may deal of ablances a plantave de and gradual views allocated account of the control AND AND THE TOTAL TOTAL STREET . We south on the political to MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY director. Page or your files. Ma **b.** COUNTY Geci II Cecil MARYLAND b. CITY OR TOWN (it outside comprate limits . LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town Soard of Elkton Elkton Bex d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? 70 Union Hospital YES NO . 3. NAME OF Middle 4. DATE Month Day DECEASED DEATH (Type or print) Thomas Bullock, Sr. 10 John with the 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 25-1893 ould be executed within 24 hours after dea 'in pencil in Item 18. Give Pages 1, 2, and 3 Office along with form PM3. Page 5 may burial-transit permit. File pages 1 and 2 with noval, and in any event within 72 hours a lest birthday) Months Devs Hours WIDOWED ! DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Laborer Paper U.S.A. 13. FATHER'S NAME MILLOR 14, MOTHER'S MAIDEN NAME Sarah Jane Hall In foulent felige file THE PROPERTY OF THE PROPERTY OF THE PARTY OF 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unkown) | (If yes give were r detas of service) Mrs. John Bullack. Elkton. Md Tinterval between 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (ACUte Coronary Occlusion mim DUE TO which gave rise to immediate cause 35 d "pending DUE TO (a), steting the underlying Examiner be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)1 19, WAS AUTOPSY CERTIFICATION PERFORMED? ease electricate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremat NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d, INJURY OCCURRED | 20s. PLACE OF INJURY (Homa, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer (Stete) factory, street, office bldg., etc.) Not While While Hour a m at work at work 21. I certify that I took charge of the remains described above, held an Autopsy aspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINE R.C.Dodson M.D. Addising will contind NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF DE 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Maryland Apr.15.1962 Union Cemetery Cecil County. 0 240 2 Burial 23. EUNERAL BIRECTOR ADDRESS. 24a. REC'D BY REGISTRAR J. 24b. REGISTRAR'S SIGNATURE VS. AISME Elkton, Maryland Outhur & Hears DATE APR 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution; Residence before edmission) . COUNTY al director, Page for your files. Board of Health, a. STATE b. COUNTY MARYLAND Cecil b. CITY OR TOWN (if outside comorate limits . JENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) For your Board of I write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO TH NAME OF DECEASED DEATH (Type or print) Annil ould be executed within 24 hours after death. If in pencil in Item 18. Give Pages 1, 2, and 3 to 1 Office along with form PM3. Page 5 may be reburial-transit permit. Ele pages 1 and 2 with the moval, and in any event within 72 hours after 9. AGE (In yours | IF UNDER 1 YEAR F IF UNDER 24 HRS. 16. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lest birthday) | Months Hours DIVORCED T WIDOWED AF Hemale 10a. USUAL OCCUPATION (Give kind of work 16b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Slele or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired? Genera" Ash County N. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Pilkenton EXAMINER: This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Mr. Rav 18. CAUSE OF DEATH (finter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Coronary Occlusion mins. IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if any, which gave rise to immediate cause 85 8 cal Examiner's "pending" DUE TO lel, staling the underlying be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTORSY CERTIFICATION PERFORMED? cute the certificate, writing the word NO should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enler nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. rded to the Chief A 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ' 20f, (City or town) Month, Day, Year 20e. TIME OF INJURY (County) (State) fectory, street, office bldg., etc.) Not While While al work et work Prior shoulc'be forwarded to the PUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 37 Inquiry and in my opinion Suicide | Homicide | Undetermined manner death resulted from: Natural causes 7 Accident CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Ri SiAddies Steblicity, town or county) NAME (Type) should A should 228. BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) Firmial 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME SM 9/40

FAMILY CONTRACTOR OF THE PROPERTY OF THE PROPE AL ALL - CALL the transfer of the state of th

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 1. PLACE OF DEATH COUNTY b. COUNTY \$ P MARYLAND By t c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 within 24 write RURAL and give nearest lown .E -Elkton 5 days e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give afreet eddress) d. STREET ADDRESS ON A FARM? YES NO Y Hospital 3. NAME OF Middle 4. DATE DECEASED WITHTAN BENRY DEATH CROSS (Type or print) 1962 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX 8. DATE OF BIRTH last birthday) Months | Days Male WIDOWED [DIVORCED certificate 1 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired) General Laborer Middletown 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME death attending | Then please Jack Cross Rebecca 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 17. INFORMANT requires that the I 16. SOCIAL SECURITY NO. (Yes, no, or unknwn) | (Ifyesgive werer dates of service) Mrs. Sophie Ann Lotman, Elkton Millerween 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia, bilateral, diffuse 5 days IMMEDIATE CAUSE (e) DUE TO Brenchogenic carcinema with metastases to Conditions, if any, which hilar nodes and erosion of the spine unknown gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Coronary a rteriosclerosis NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from April 19 1962, to APT . 23 ... 19 ... (1) (we) last saw the deceased alive on April 2 3 19.62, and that death occured at 1.15pm rom the causes and on the date stated above 22a SIGNATURE ATTENDING STAFF DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type Ralph Andrews, Jr., M.D. 233 E. Main Street, Elkton, Maryland Ha E 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) 23a. BURIAL, CREMATION. | 23b. DATE THEREOF å ë o ë REMOVAL (Specify) Cem. Rumis 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7 61

FOR STATE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heaths, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME

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RCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 1 PLACE OF DEBTH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) a. COUNTY a. STATE **b.** COUNTY Elkton, Md. Cacil Cecil Ct. Elkton MARYLAND b CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearast fown) Elkton. Md. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Elkton. Maryland YES NO 3 3. NAME OF 4. DATE Middle 13645 Month Day Yaa DECEASED OF (Type or print) DEATH England 19 62 Jessie Apri [5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED [DIVORCED Wemale 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or lora gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) TISA Housewife Phillipsburg. Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sponagle Harry C. Thompson Alva 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT Address (Yes, no. or unkown) I (If yes give war or detas of sarvice) Funeral Director Coffman 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Acute Cardiac Failure IMMEDIATE CAUSE (e) lo minutes Conditions, if eny, which (b) geve risa to immediate cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 181 19 WAS AUTOPSY PERFORMED? NO YES 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW NURY OCCURED, (Enter neture of in ury in Pert I or Part II of Jem 18.) PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20's, PLACE OF INJURY (Homa, farm, , 20f. (City or town, (Stete) While Not While factory, street, office bidg., etc.) Hour e.m. at work of work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection -Inquiry X and in my opinion Suicide death resulted from: Natural causes 30 Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE **EXAMINER'S** NAME (Typs) Address (Street, city, Iown, or county) NAME OF CEMETERY OR CREMATORY 220, BURIAL, CREMATION, 22d. LOCATION (City, town, or country) (Stata REMOYAL (Specify) Rurial Rosebank Cemetery FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b REGISTRAR'S SIGNATURE arthur S. France DATE

ARYLAND STATE DEPARTMENT OF HEALTH



plnous TO HOSPITAL OR AT DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours does togo 4 may be ned by the hospital or attending physician.

AL DIRECTOR: After this certificate has been signed by the attending physician and exponented within 24 hours after death of the burial-transit permit. Then please remove carbon papers: Tage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers: Tage 3 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eventuality 72 hours after death.

VR A.S (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, O. A. A. C. CERTIFICATE OF DEATH

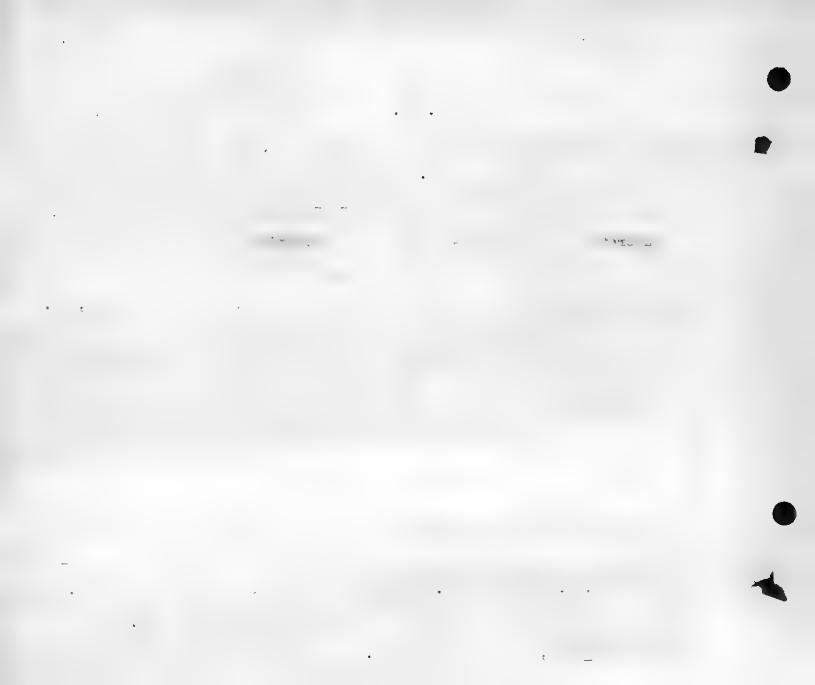
	04440	GERTITION:	OI PEAIL	
	LACE OF DEATH		. USUAL RESIDENCE (Where deceased hved,	
8.	Cecil	MARYLAND	b. STATE b. COI	JNTY , , ,
Ь	. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, wi	ite RURAL and give nearest town)
	Perry Point	lyr.3mo.14day	Washington	478 2
d	NAME OF HOSPITAL OR INSTITUTION (if not In	hospitel, give street address)	d STREET ADDRESS	o. IS RES DENCE ON A FARM?
3. I	terans Administration	Hospital M.ddle	2811 Cathedral Avenu	le, N.W. YES □ NO X
	Type or print) CHARLES	FREDERICK	GEIGER DEATH Apri	1 11 19 62
S	SEX 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED 8.	DATE OF BIRTH 9 AGE (In year last buthday	Months Devs Hours Min
		WED DIVORCED	5=4=94 67 yrs.	Months Deys Hours Min
0a. dor⊭	USUAL OCCUPATION (Give kind of work 10th e during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stelle, or foreign country	y) 12 CITIZEN OF WHAT COUNTRY?
	Civil Engineer	Construction	Pennsylvania	USA
),	FATHER'S NAME		4. MOTHER'S MAIDEN NAME	
		(deceased)		eased)
	, no, or unkown) [lfyesgive weror detes of service]			Description Ma
-1.	Yes WW-I 18. CAUSE OF DEATH [Enter only one cause p		spital Records, VAH, I	I INTERVAL BETWEEN
ı	5 - 5 T 5 C 5		due to circulatory dis	ONSET AND DEATH
			bosis middle cerebral	
			generalized cerebral a	
	gave rise to immediate cause	ectioactel.nafa'	Remeralized cerebral s	severe unknown
- 4	(e), stating the underlying DUE TO cause lest.			
	(6)	CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL DISEASE CONDITION O	IVEN IN PART 1 a 19. WAS AUTOPSY
		Diabetes mellit	s, severe	PERFORMED?
3 10	OR CONTRIBUTING 🗀 CAUSE OF DEATH	DESCRIBE HOW INJURY OFCURED.	Enter neture of injury in Pert I or Pert II of item 18.)	1 0 0
- 1	[IF EITHER, NOTIFY MEDICAL EXAMINER]			
MEMICAL	Hour e.m W	hile Not While facto	OF INJURY , Home, farm, 20f. (City or town)	(County) (Stete)
`	Part. #2E 17	work at work		
- 1			cember 28 1960, to April.	
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX and that	leath occured at	s and on the date stated above,
	22e S.GNATURE		ATTENDING MED STAFF	. / 17 SIGNED
	Q.L. Maa	NEYM	PHYS. DIRECTOR PHYS	4-11-02
	PHYSICIAN'S NAME (Type) A. L. MOONEY	Asst. Clinica	Pathologist, VAH, Per	rry Point, Md.
	BURIAL, CREMATION, 236, DATE THEREOF	23c. NAME OF CEMETERY C		
RE.	MOVAL (Specify) 4/13/62	Arlingto	Arlingto	on, Virginia
7	UNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 25b I	REGISTRAR'S SIGNATURE
JA.	ming bur & Son, Havre	de Grace, Md.	DATEADR 1 3 '62	inima S. Throws
× C	THE POST OF POST I HOLE	40 01000 1100		



VR A1S (4) 1SM 7 61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

04447		CERTIFICAT	E OF DEATH		04444
1. PLACE OF DEATH e. COUNTY Cecil b. CITY OR TOWN (if outside county Perry Poir d. NAME OF HOSPITAL OR INST	ist town) 1t STITUTION (# not in hospil		e. STATE Virgini c CITY OR TOWN (II outside Norfolk d STREET ADDRESS	b. COUNTY B. corporate limits, write RU	IRAL and give nearest town) P 2 X IRAL and give nearest town) O IS RESIDENCE ON A FARM YES NO
3. NAME OF DECEASED (Type or print) 5 SEX 6 COLO Male Whi 10s. USUAL OCCUPATION (Give done during most of working life, of the print)	kind of work 10b. KIN		GOFF DATE OF SHRTH	ATE Month FEATH APril 9. AGE (In years IF lest birthday) 75. 8 yrs.	Day Year 2 19 62 UNDER 1 YEAR IF UNDER 24 HRS. Onths Days Hours Mr. 12. CITIZEN OF WHAT COUNTRY
IS. WAS DECEASED EVER IN U.S. (Yes, no, or unknown) (Ifyesgive we YES IS. CAUSE OF DEATH (En PART I. DEATH WAS CA MAKEDIATE Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause last.	ry Goff (d ARMED FORCES? 16. 50 recordates of service) W I ter only one cause per line USED 8Y. CAUSE (a, Bron. (b) Arter DUE TO (c)	eceased) None Ho for (e), (b), and (c), schopneumonia	Elvira (?) Gormant spital Records bilateral neart disease		unknown N PART 1,0) 19. WAS AUTOPSY
200 ACCIDENT WAS UNDERLINED OF CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL 20c. TIME OF INJURY MORE Mour e.m. P.m. V. 21. I certify that 2020	Arter YNG 20b DESCH OF DEATH EXAMINER) oth, Day, Year 20d. IN While of work EXEMINATED attended	CIOSCLETOSIS & RIBE HOW INJURY OCCURRED 200. PLACE Sector at work	E OF NJURY (Home, 'erm, y, street, office bldg., etc.)	Pert of item 18.) (City or lown) toApril2	YES NO (Slete)
22c PHYSICIAN'S NAME (Type)	L. MOONEY DATE THEREOF USE OF THE PROPERTY O	Asst. Clinical 23c. NAME OF CEMETERY O Arlington ADDRESS de Grace, Md.	ATTENDING MEDITECTO 27d ADDRESS Pathologist, R CREMATORY National 25a. REC'D BY	VAH, Perry Location (City, town Arlington, REGISTRAR 256, REGIST	or county) (Stele,



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased living, If institution, Residence before entry living COUNTY b COUNTY Cecil Harford MAPYLAND b. CITY OR TOWN (f outsice corporate limits, c. LENGTH OF STAY N 15 c CITY OR TOWN It outs de corporate 1 m ts, write RURAL and que n. 3. ast tow write RURAL and give nearest lown) Less than Perry Point, Havre de Grace d NAME OF HOSPITAL OR INSTITUT ON From the hospita 24 hours & STRUET ADDRESS ON A FARM? Veterans Administration Hospital 608 Franklin YES NO TE 3 NAME OF 4. DATE DECEASED (Type or print) DEATH LOUIS HAFFNER April 5. SFX 6 COLOR OR RACE 7 MARRIED TO NEVER MARRIED Months Days 7-16-97 WIDOWED | DIVORCED [Male 10a. USUAL OCCUPATION (G've kind of work 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Paint USA Foreman Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis G. Haffner (deceased) Chrisinthia Madel (deceased) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Not Hospital Records, VAH, Perry Point, Md. 18. CAUSE OF DEATH [Enter only one Cause per in a lable INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Hemorrhage, retroperitoneal, massive IMMEDIATE CAUSE ,a DUE TO Rupture of aorta, due to arteriosclerosis. 10-12 hours gave rise to immediate cause DUE TO (a), stating the underlying Arteriosclerosis, generalized, severe. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1811 19, WAS AUTOPSY CERTIFICATION PERFORMED? Cirrhosis of the liver. 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Iem 19 PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. 20c TIME OF INJURY 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, farm 20f. (City or town Month, Day Year (County) fectory, street, office bldg., etc.) While Not While Hour a.m. af work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X Natural causes K death resulted from. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER C. DODSON Add ess (Street, city, town, or county Rising Sun, Md. 22a BURIAL CREMATION 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town of country) REMOYAL (Spec [y] Havre de Grace, Md. Rock Run 23. FUNERAL DIRECTOR , 24a REC'D BY REG STRAR | 24b REGISTRAR'S SIGNATURE VR A15ME R. Madison Mitchell, Havre de Grace, Md. DATE APR 6 arthur & Thomas

ā

5M 1/62



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased leved, if institution Residence before edmission) a. COUNTY Cecil Pennsvlvania MÄRYLAND b. CITY OR TOWN (if outs de corporele lim ts, e. LENGTH OF STAY IN IN c. CTY OR TOWN (If outside corporate limits, write RURAL and give neerest lown write RURAL and give nearest town) Perry Point lByrs.8mo.22days Philadelphia d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite,, give street eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital YES NO Wayne Avenue 3. NAME OF DATE Year DECEASED OF (Type or print) GEORGE M. DEATH HARRINGTON 19 62 April 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR! IF UNDER 24 HRS. last birthday) 10-20-91 Malle. WIDOWFD [DIVORCED 10e. USUAL OCCUPATION (G ve kind of work 10b KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE [County & Steta, or foreign country, 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) Federal Communi-Attorney Nebraska USA cation Commissions, MOTHER'S MAIDEN NAME 13. FATHER S NAME please Michael Harrington Margaret G. McHenry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (Ifyesgivewerordetesofservice) Hospital Records, VAH, Perry Point, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial infarction acute IMMEDIATE CAUSE (a) days DUF TO Arteriosclerotic heart disease unknown gave rise to immediate cause DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 200. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of in any in Pert I or Pert I of I em 18) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) While . Not While at work et work 22e SIGNATURE 22b DATE ATTENDING S GNED DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS Asst. Clinical Pathologist, VAH, Perry Point, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (C by, lown or county) (Stete) REMOVAL (Specify) Arlington O Arlington, Va. 25a REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A1S [4] 15M 7/61 DATE MAY Circhar S. House

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased (ivad, Il institution) Residence before admission) 6. COUNTY Harterd a. COUNTY Cecil Marvland MARYLAND b CITY OR TOWN (il outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURA» and give nearest lown) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) days Perry Point.Md. e. IS RESIDENCE d NAME OF HOSP TAL OR INSTITUTION (if not in hospita), if ye street eddress) d STREET ADDRESS ON A FARM? RD 3, Box 371 Veterans Administration Hospital YES NO 3 NAME OF 4 DATE Month DECEASED Harry H. HIPKINS 19 62 25. (Type or print) DEATH 6 COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last bighday) Months Days Hours Min 11-7-86 Male White WIDOWED [DIVORCED then ding physician Then please remove 12 CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION IG ve kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gn country) done during most of working life, even if retired) County Court House Havre de Grace. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George L. Hipkins Amelia R. Oals 15 WAS DECEASED EVER NUS ARMED FORCES? | 16. SOCIAL SECURITY NO | 17 INFORMANT (Yes, po, or unknown) (Hyesgrvewerg deteases service) 2/3-3R-8/25 VA Hos ital Records - Perry Point, Md. INTERVAL SETWEEN 18. CAUSE OF DEATH [Enter only one cause per ane for (e), (b), end (c)] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Bronchial pneumonia, bilateral, unresolved 72 hours IMMEDIATE CAUSE (a) 420.0 DUE TO Myocardial infarction unknown Conditions, I any which (6) geve rise to immediate cause DUE TO (a), stating the underlying Arteriosclerotic heart disease unknown PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a 19. WAS AUTOPSY PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert I of Item 18) 20e. ACCIDENT WAS UNDERLYING _____ OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d, INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 201. (City or town) (Slete, 20c. TIME OF INJURY (County) Month, Day, Year fectory, street, office bldg., atc.) While Not While at work at work 21 I certify that DEXIKE NOT DESIGN attended the deceased from April 25 1962 HAWKY WAY XX 22b. DATE 220 SIGNATURE SIGNED ATTENDING DIRECTOR 22c PHYS CIAN S 22d ADDRESS Asst. Clinical Pathologist, VAH, Perry Point, Md. 23a BUR AL, CREMATION | 235 DATE THEREOF , 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) Kpril 28, 1962 Baker Aberdeen, Md. Remova. ADDRESS 12. Broadway WILLIAME 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7 61 Joseph W. Foster, Belair, Maryland Successfull L. Tlanton maryly w, Foster



TSM 9/S8

East. Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04449

e IS RESIDENCE

ON A FARM? YES NO F

Year

1962

Reg. Dist. No.

CECIL

13

Months

Day

IF JINDER TYEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

Hour

Years.

PERFORMED?

YES NO TO

(State)

DATE SIGNED

(State)

USA

(County)

then I through



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. 04450

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a, 3 2 should be fixed with

requires that the death certificate be executed within 24 hours after death

in any event within 72 haurs after death.

the registrar prior to bund), crematian, ar remayal, and

PLACE OF DEATH

2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)

• COUNTY	Cecil	MARYLAND	o STATE	Md.	P COUNTA	Cacil	
b CITY OR TOWN RURAL and give	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOW	/N (If outside cor	porate limits, write R	URAL and give ne	arest town)
Bik		Life	2 / EU	Liton			
	ITAL (if not in haspital, give street	oddress)	d. STREET ADDR	RESS			o IS RESIDENCE
	Main Street		170 E	. Main	Street		YES NO Z
3 NAME OF DECEASED	First	Middle	Last	4. DATI	E Mon	-	
(Type or print)	GROVER	C. LO	DGE	DEA.	m Apr.	. 28,	1962
S SEX	6. COLOR OR RACE 7. MARR	EIED MEVER MARRIED	8 DATE OF BIRTH		9 AGE (in years	IF UNDER 1 YEAR	
Male	White wow	DIVORCED	Nov. 19.	1884	10st birthday) 77 yrs	Months Days	Hours Min
10a USUAL OCCUPAT	ION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE	(State or foreign	country)	12. CITIZEN O	F WHAT COUNTRY?
Labor		General	Nr. E	lkton.	Md.	U	S.A.
13. FATHER'S NAME	Y		14 MOTHER'S MA				
Richard	Lodge		Jan	e -			
IS WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO	NFORMANT	-	Add	ress	
(Yes, no or unknown)	(If yes, give war or dates of service)	19-10-8713 M	rs. Mary	Ellen	Lodge -	Elkton.	Md.
IR CAUSE OF DE	EATH [Enter only one couse per lic		T D TIME	the state of the state of	LOUBO .		ERVAL BETWEEN
	EATH WAS CAUSED BY:	-	,	15	010	0.54	SET AND DEATH
101.0	IMMEDIATE CAUSE (o)	tourne	ma d	1-15-	Cadde	1	132
1010	DUE TO		7				
Conditions, if							
cause (o), stating							
lying cause lost	(c)						
PART II O	THER S'GN FICANT CONDITIONS (CONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	e Termin al dise	ASE CONDITION GIV	PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO [C]
200 ACCIDENT W	VAS UNDERLYING 20b. DESI G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of inj	ury in Port I ar I	Part II of item 1B.)		
\$ 20c. TIME OF INJU	JRY Month, Day, Year 20d II		ACE OF INJURY (Hom		City ar town)	(County)) (State)
Y 20c. T ME OF INJU	7.0	Not white fo	ctory, street, affice b o	dg, etc }			
	that I attended the deceas		10 // 4	- 1-1- 1	Ler 10/2	Abot I lost on	
	4.4			4 -			
alive on	7.7.6.1.5 12.8	ond that death	occurred dig		m the causes on (Street, city or town,		e stated above DATE SIGNED
ACTUAL SIGNATUREC	Jan 90	n. Kmld	M D		(300ci, city or 10mi,	April	30, 196
PHYSICIAN'S NAME (Type)	Jacob	I, 4-re	< 12 way	10/ 14	· 17 11	kton, M	(d
220. BURIAL, CREMATI		22c. NAME OF CEMETERY C	R CREMATORY	22d LO	CATION (City town,	or county)	(State)
REMOVAL (Specif	May 2. 196	aGilmin Hanc	or Mem. F	k. Nr	. Elkton	. Md.	
23 FUNERAL DIRECTO		ADDRESS		a. REC'D BY REG		STRAR'S SIGNATU	JRE
PIPPIN FU	THERAL HOME A.	noodh Ree	Elkton	Mid alloy 2	'62	Circles & to	and a

may be reitized by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 of TO HOSPITAL OR ATTENDING 15M 9/58

VS A15 (4)



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04453 CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ± 2 MARYLAND Cecil Maryland Harford by the c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest town! Perryville days Havre de Grace. IS RES DENCE d NAME OF HOSPITAL OR INSTITUTION, if not in hospita, giva streat addrass, d. STREET ADDRESS ON A FARM? YES NO T VAH. . Perry Point, Md. 802 Erie Street pelnoaxa 3 NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH 19 62 MARCUCCI AGE (In years | IF UNDER I YEAR | IF JINDER 24 HRS 6 COLOR OR RACE 7. MARRIED TO NEVER MARRIED B DATE OF BIRTH last birthday) | Months' Days Hours Male White DIVORCED WIDOWED T Yrs physician 10a. USJAL OCCUPATION Give kind of work . 12. CITIZEN OF WHAT COUNTRY? 10b KIND OF BUSINESS OR INDUSTRY 11 SIRTHPLACE (County & State or fore on country) done during most of working life, even if refired) Barber private Steubenville, Ohio USA. s attending pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BIAGIO CANARI CANDIDA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1.16 SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yas, no, or unkown) | (If yas giva war or dates of service) Unknown Hospital Records. 18 CAUSE OF DEATH [Enter on y one cause per ane for a), (b, and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. GASTRO-INTESTINAL BLEEDING Days IMMEDIATE CAUSE (a) DUE TO 'S CIRRHOSIS year Conditions, if any, which gava rise to immediata causa DUE TO (a), stating the underlying PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY TION N 0 PERFORMED? NO [20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Itam 18.) 20a ACC DENT WAS JNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH ined by 20c, TIME OF NURY Month, Day, Yaar 20d. INJURY OCCURRED . 2Da, PLACE Of INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) While Not While Hour n.m. CTOR: / at work at work 4/14/62...., 19..., to . 4/23/62..., 19....., 蔬菜菜欢欢吹欢欢 21 I certify that XIX (this hospital) attended the deceased from. Man xinex descessed buyy on . 278 S GNATURE ATTENDING SIGNED DIRECTOR 22d. ADDRESS 27c, PHYS CAN Seymour Goldgraben, MD VAH., Perry Point, Md. 1 23d. LOCATION (City, fown or county) 1 23c. NAME OF CEMETERY OR CREMATORY (State) 0 5 3 Havre de Grace. Md. Mt Erin Catholic ADDRESS 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 .41 15M 7 61

RYLAND STATE DEPARTMENT OF HEALTH



- 1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
	4	04454 CERTIFICATE OF DEATH 04452	
the funera	1	PLACE OF DEATH a. COUNTY Ceil MARYLAND b. CITY OR TOWN if outside corporate I mits, c. LENGTH OF STAY IN 1b 2. USUAL RESIDENCE (Where deceased lived, if nativition, Residence before admits a start of the county of the co	ss on}
d within 24 h	X	Perryville, Rural d. NAME OF HOSPITAL OF INSTITUTION (if not in hosp.tal, give still enddress) d. STREET ADDRESS ON A FA	
polek paper 72		DECEASED (Type or print) Lida A. Michael DEATH April 9 1962)
con cithin		. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR ED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24	_
e bre		remale walte wowed Divorced April 1,1880 82 vis	117.
riffical sacian		Oa. USJAL OCCUPATION (Give kind of work done during most of working life even if relired) Own Home Maryland 12. CITIZEN OF WHAT COULD 12. CITIZEN OF WHAT COULD 13. BIRTHPLACE (County & Stete, or foreign country) 14. CITIZEN OF WHAT COULD 15. CITIZEN OF WHAT COULD 16. WIND OF BUS NESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 17. CITIZEN OF WHAT COULD 18. CITIZEN OF WHAT COULD 18. CITIZEN OF WHAT COULD 19. CITIZEN OF	NTRYT
4 % T		3. FATHER'S NAME	-
deat ding plea		Nathan Merris Sarah Billingsley	_
the atter		5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17 INFORMANT Yes, no. 10 of the security	
es that tran. by the rmit 1		18 CAUSE OF DEATH [Enter only one ceuse per log to (c,] PART DEATH WAS CAUSED BY	
The taw requirable that the same of the sa		IMMEDIATE CAJSE (e' Conditions, i any, which geve rise to immediate ceuse (e), steffing the underlying ceuse lest.	
CIAN. pital or ificate h s as the	0	PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMI YES NO 206 ACCIDENT WAS UNDERLYING 20b. DESCR BE HOW INJURY OCCURED. (Enter nature of in cry in Part 1 or Pert 11 of Pert 1	ED?
PHYSI the hos his cert for use		206 ACCIDENT WAS UNDERLYING 206, DESCR BE HOW INJURY OCCURED. (Enter natura of in uzy in Part I or Pert II of them 18) OR CONTR BUT NG CAUSE OF DEATH FEITHER, NOT FY MED CAL EXAM NER	
ING hed by After t etached of Heal		20e TME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Mome, ferm, 20f. (City or fown) (County) (State Hour e.m., While Not While et work et work et work	la)
AL OR ATTLE T DIRECTOR: 36 3 should be do in the State Dept.		21. I certify that (I) (this hospital) altended the deceased from. 190, to 190, to 190, that (I) (we saw the deceased give on . 1967, and that death occured at	,
OSPIT. PAR UNIT Hor, pa	-1	NAME (Type) Clarence I. Benson Port Deposit, Md. 3e BUR AL, CREMATION, 23b DATE THEREOF , 23c. NAME OF CEMETERY OR CREMATORY , 23d LOCATION (City, fown or county) (Stete)	
death Gired Gired		Purial 4-12-1962 St. Marks Cemetery Perryville, Md. Rural	
YR A15 (4) 15M 9/60	/	PROPERTY DIRECTOR'S AIGNATURE ADDRESS	
	1	AN INVESTIGATION OF THE PROPERTY OF THE PROPER	

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR AIT: ING PHYSICIAN: The law requires that the death certificate be executed within 24 hourself death. Page 4 may be retained by the hospital or attending physician.

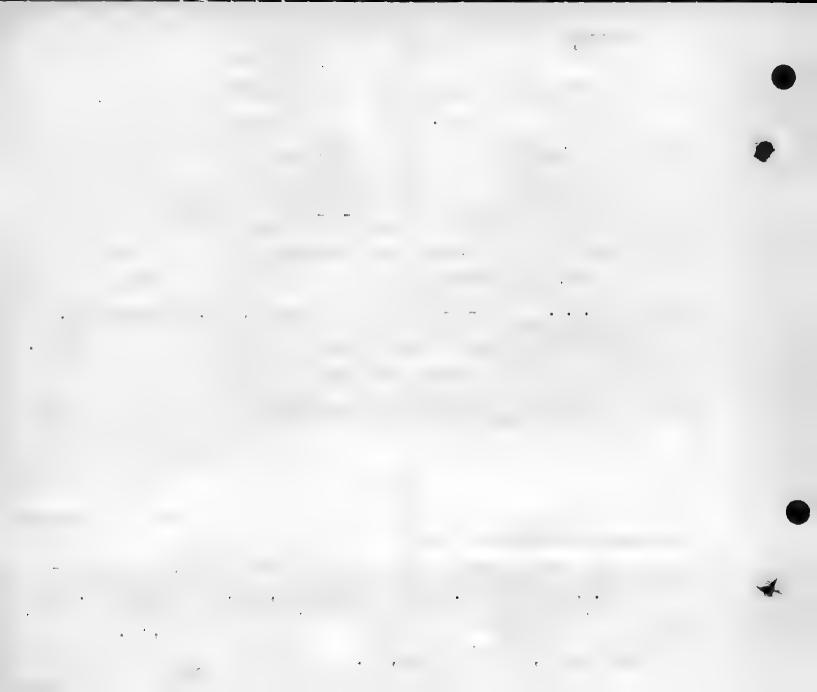
IO FUN: AL DIRECTOR: After this certificate has been signed by the attending physician and completed bed in by the tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, ages 1 and 2-should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in-any event, within 72 hours after death.

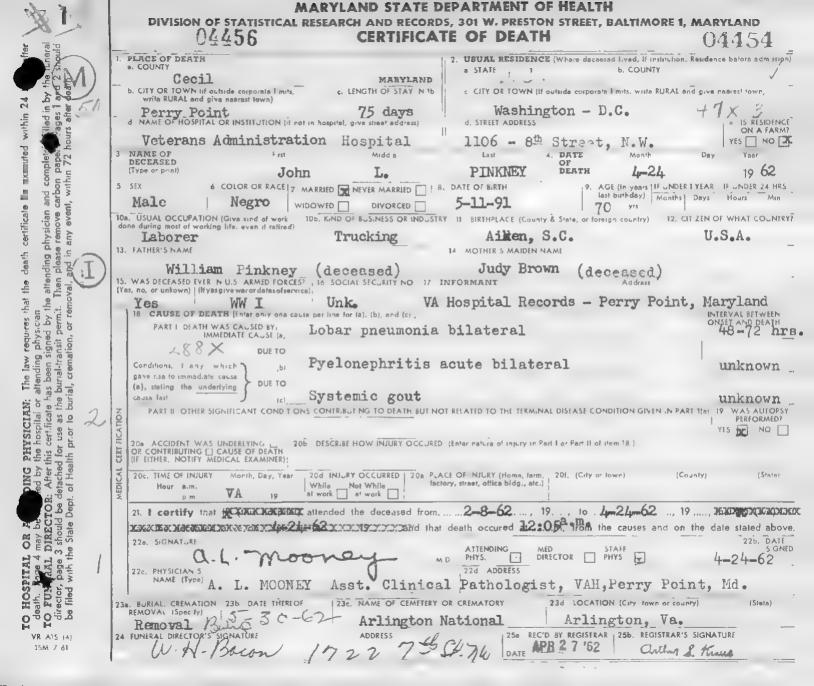
VR A1S (4) 15M 7/61

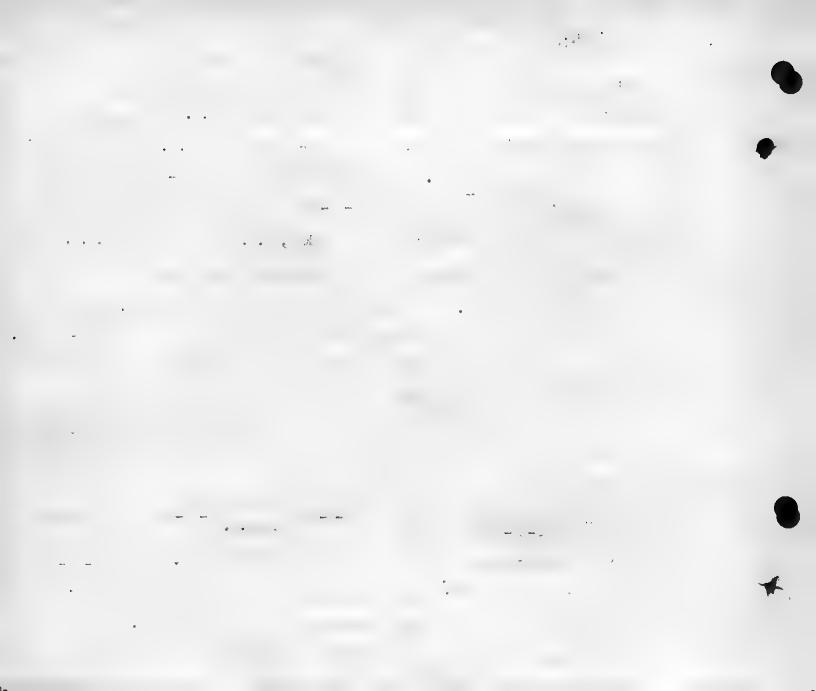
MARYLAND STATE DEPARTMENT OF BEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04453

\	_				
		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased leved, if inst-	tution: Residence before edmission)
		Cecil	MARYLAND	Maryland b. COUNTY	1
		b. CITY OR TOWN (if outs de corporata limits, wirde RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If outside corporate limits, write RU	RAL and give nearest town)
2		Perry Point	9 mo. 20days	Baltimore	2: 1.4
1		d. NAME OF HOSPITAL OR INSTITUTION (IF IT	of in hospital, give straet address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
		Veterans Administrat	ion Hospital	5415 Knell Avenue	YES NO
		NAME OF First	Middle	Last 4. DATE Month	Dey Year
		(Type or print) JOHN	LAWRENCE	OBITZ OF April	19 19 62
	5.			DATE OF BIRTH 9 AGE III years IF I	UNDER 1 YEAR I IF UNDER 24 HRS.
		M-1- 171-14	NDOWED TO DIVORCED	11-27-76 last birthday) M. 85 yrs.	onths Days Hours Mr.
	10a do	. USUAL OCCUPATION (Giva kind of work ne during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or loreign country)	12. CITIZEN OF WHAT COUNTRY?
	17	Carpenter FATHER'S NAME	Construction	Maryland 14. MOTHER'S MAIDEN NAME	USA
/	14,	John Obitz (d	10000001	- 1-	- \
	15.	WAS DECEASED EVER IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO. 17. I	Gracey (deco	eased)
	(Ye	Yes S. A. W.	215-18-7245 Ho	spital Records, VAH, Perry	Point Md
i		18. CAUSE OF DEATH Enter only one ca	use per line for (a), (b), end (c).	Total motified, timing off	I INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY	Ventricular arri	ovthmia	2-5 min
		ODUE TO			a Junita.
		Condions, fany, which (b)	Arteriosclerotio	heart disease	Years
		gave rise to immediate cause (a), stetling the underlying DUE TO			
		cause last	Arteriosclerosis	generalized severe	Years
)	75	PART IL OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM HAL DISEASE CONDITION GIVEN	IN PART 1(a) 19, WAS AUTOPSY
9	ĬΨ				PERFORMED? YES TO NO
	CERTIFICATION	208. ACCIDENT WAS UNDERLYING 2	Ob. DESCRIBE HOW INJURY OCCURED.	(Enter nature of intury in Part I or Pert II of Item 1B.)	- L
		LIF EITHER, NOTIFY MEDICAL EXAMINER			
	MEDICAL	20c TIME OF INJURY Month, Day, Yeer Hour e.m.		CE OF INJURY (Home, farm, 20f. (City or town) ory, street, office bldg., etc.)	(County) (Stata)
	ME	p.m. VA 19	et work at work		
		21. I certify that AXINEX	attended the deceased from	June 30 19.61 to April 19	, 19.6.2 stortx(d):x(x(x(x)x)x(x(x)
		KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX and that	death occured at the from the causes and	on the date stated above.
		228 SIGNATURE		ATTENDING MED. STAFF	22b. DATE S.GNED
		a L. Mo	only "		4-20-62
/		22c. PHYSICIAN'S NAME (Type) A T. MOONEY	. Aget Clinical 1	Pathologist, VAH, Perry Po	stat Ma
	إ	La ra			
1	238	REMOVAL (Specify)	, ,		
1	-7	FUNERAL DIRECTOR'S SIGNATURE	Nation ADDRESS	al Baltimore,	
)	7	4	avre de Grace, M		S. Thomas
		- John Market	arze de drave, m	DARPIN L VL	







of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **EXAMINER'S** CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) a. COUNTY b. COUNTY Cecil MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nagrest town) Perryvilla Perryville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Frent St. YES NO 3. NAME OF Midd e 4. DATE Month DECEASED OF Ernest Preston (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Davs Hours WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY , 11. BIRTHPLACE (State or foraign country 12. CITIZEN OF WHAT COUNTRY? age 1 an done during most of working life, even if retired) 24 hu all kinds of mork U-S-A-Laborer pages Give Pagrim PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Helena Woodrow Isaac Preston 15 WAS DECEASED EVER NULS, ARMED FORCES? | 16, SOCIAL SECURITY NO , 17, INFORMANT Address (Yes, no. or unknown) | (If yes give wer or detes of service) permi Mrs. Ernest Preston. Perryville. Md. 18 CAUSE OF DEATH [Entar only one cause per the for (e), (b) end (c),] INTERVAL BETWEEN ansit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary Occlusion and Diabates IMMEDIATE CAUSE (a) T. IMTH. Till. s a burial DLIE TO cate should Conditions, if env. which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTORSY Exa (Ical L PERFORMED? NO 3 20b DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert 1 or Pert II of Item 18.) 200 EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 20d. INJURY OCCURRED 20 PLACE OF INJURY (Home, farm, 20f (City or town) 20c. TIME OF INJURY Manth, Day, Ye r (County (Stete) fectory, street, office bldg., etc.) While Not While Hour e.m. O The at work et work 21 I certify that I took charge of the remains described above, held an Autopsy | Inspection 2 Inquiry 1 and in my opinion HOT (death resulted from Natural causes Accident Suicide Homicide | Undetermined manner forward L MIRE CHIEF MEDICAL EXAMINER FUNERAL III ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Rising Sun ... Md. county NAME (Type) 220. BURIAL-CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 7 22d LOCATION (City, town, or country) (State) Burial (Specify) 40 9 5-2-1962 Principio Cemetery Principio Furnace Md BUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR , 246. REGISTRAR'S SIGNATURE YS. ATSME Perryville .md. DAKY 2 Chillian & Thouse 5M 9760

DYLAND STATE DEPARTMENT OF HEALTH

Can.

10	MARYLAND ST. T. DEPARTMENT OF AGALTH
- (C)	Division of STATISTICAL RESEARCH AND PSCORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	1. PLACE OF DEATH 1. PLACE OF DEATH 1. PLACE OF DEATH 2. UBUAL RESIDENCE (Where decapsed lived, if institution; Residence befor admission)
ALIIVUEIS.	1. PLACE OF DEATH 2. UBUAL RESIDENCE (Where docabsed lived, if institution; Residence befor admission) a. COUNTY b. COUNTY
Fires.	Cecil MAYLENO Maryland Cecil
of H	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF SE. N. W. c. CITY OR TOWN (if outside corporate limits, write RURAL and give eserest town, write RURAL and give eserest town)
2550	d NAME OF HOSPITAL OR INSTITUT ON (if not in haspital), give street and d. STREET ADDRESS 1 e. IS RESIDENCE
for display in display	Union Hospital 118 Milburn Street YES NO 1
State State	3 NAME OF Frsi Mid asi 4. DATE Month Day Year
E E E E !	(Type or purol) MONICA PURDTE DEATH April 16, 1962
5-A-2-4	5 SEX 6. COLOR OR RACE 7, MARRIED NEVER MA B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
es 1, 2, and 3 Page 5 may s 1 and 2 wit n 72 hours a	Female Colored who web July 6, 1961 yra. 9
90 Pund	10a. USUAL OCCUPATION (G ve k.nd of work done during most of working life, even if railred) 11. CITIZEN OF WHAT COUNTRY?
ice along with form PM3. Pa ial-transit perm't. File pages 1 ial, and 'in an erved within 7	13. FATHER'S NAME Maryland 14. MOTHER'S MAIDEN NAME U.S.A.
EL ST	Thomas Purdie Elizabeth Givens
Serm't. File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) ((fyesgivewerordatesofservice)
and the formation of th	Thomas Purdie 118_Milburn Styland
ting the state of	PART (, DEATH WAS CAUSED BY: ONSET AND DEATH
Office along burial-transit soval, and in	340 0 DUE TO Hemophilus influenzae.
a burial-I	Conditions, if any, which \ \{b\}
9 5	gave rise to immediate causa (a), stating the underlying DUE TO
used as	cause last (c)
emation	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY PERFORMED? YES NO PRIMARY OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH.
ould be used as	YES X NO 1 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part II of item 18.)
Chief age 3 to buri	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (Stata)
p == ;	Hour a.m. While No! While factory, street, office bldg., etc.] p.m., 19 at work at work
o Signa Prio	21. I certify that I took charge of the remains described above, held an Autopsy X Inspection . Inquiry . and in my opinion
ent, Tel	death resulted from Natural causes 🖫. Accident 🔝, Suicide 🔝, Homicide 🔲, Undetermined manner
DIRECTOR Bd agent, pri	ACTUAL CHIEF MEDICAL EXAMINER X
M. DI gnated	SIGNATURE V. CHASLEY A MAN ASSISTANI MEDICAL EXAMINER L
12 2 4	EXAMINER'S NAME (Type) Russell S. Fisher, M.D. Address (Street, city, town, or county)
FUN FUN its d	228. BURIAL, CREMATION, 226 DATE THEREOF 220 MANE OF CEMETERY OR CREMATORY 22d LOCATION (City lown, or country) (State)
402 0	Buryal apr 17, 1962 thousance netwen Elston. Med
A15ME	23. FUNERACTORRECTOR C ADDRESS, ADDRESS
9'60	Daiph G. Nicke, Olklan, Mid DATE 1872 arthur & Khana
	1- 7- 4





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 04459 **CERTIFICATE OF DEATH** y the funeral director, and 2 shauld be filed with

Reg. Dist. No. 04457

1 PLACE OF			MARYLAND	2. USUAL RESIDENCE (lived If institution b. COUNTY	n Residence before Cocil	re odm ss	ion]	
RURAL,	R TOWN (If outside corporate li and give nearest town) MICTOR	mits, write	LENGTH OF STAY IN 16	c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2						
d NAME OR NS	OF HOSPITAL (If not in hospital TITUTION Union Ho		_ `	d. STREET ADDRESS	e Ball	Road			FARM?	
3. NAME OF DECEASED (Type or p		First RTIS	Middle SELLI.	RAPY	4. DATE OF DEATH	April	h Do		Year 1962	
S. SEX	la Maite	WIDOWED		B. DATE OF BIRTH	1895	9 AGE (in years last birthday) yrs	Months Days	Hours	Min	
during in	The state of the s	edì	ning		Carol		US.A		OUNTRY?	
Jam	es R. Raby			Ruemma	a Rola	nd				
15 WAS DEC (Yes, no, or unkr	EASED EVER IN U. S. ARMED FO		007-1501-	INFORMANT Llios "lan"	torchi.	Addr	ess			
gave cause (PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) (exterior clavotic Keest Direct with Americal Conditions, if any, which gave rise to immediate cause (a), stoting the under tying cause lost. (c)									
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ART II OTHER SIGNIF CANT CO	tail	monen Le	ebercular o	7 (372.1	EN IN PART I(a)	PERFC	AUTOPSY DRMED?	
	OF INJURY Month, Day, Your a.m., 19	While	Not while	PLACE OF INJURY (Home, fo actory, street, office bldg., o	orm, 20f (City etc.)	or town)	(County)		(Stote)	
ACTUAL SIGNATU PHYSICIA NAME (1	AN'S Tilluna	19.6	Solansan	m.D12-3 	ADDRESS (SH	the causes and reet, city or town,	Son the dote stote) Aug	stoted DAT	d obove. resigned	
REMOVA		1,196t	22c NAME OF CEMETERY 2 Elkton (Cenebory	Ellab			(Stot	re)	
23. FUNERAL	DIRECTOR'S SIGNATURE	1 Am	ADDRESS		APR 2 3 '		TRAR'S SIGNATU			

YSICIAN: The law requires that the death certificate be executed within 24 hours after D FUNERAL MIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the registrar priar to burial, cremation, ar removal, and in ony event within 72 hours after death. TO HOSPITAL OR AT TO FUNER

VS A15 (4) 15M 9/SB



FOR STATE	04480 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04458
TEATH DELK	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, Institution: Residence before edmission
	a. COUNTY CECIL MARYLAND * STATE MARYLAND CECIL
SE S	b. CITY OR TOWN (floutside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (floutside corporate limits, write RURAL and give nearest town)
र हुन हैं	Route 40 Principio Creek - Rikton
dir.	Route 40 Principio Creek / Elkton d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
S = 5 8	ON A FARM?
8년	213 Landing Lane YES NO X
Str. Str.	3. NAME OF First Middle Last 4. DATE Month Dey Yeer DECEASED OF
구는 무를 가는 것	(Type or print) CHARLES RAYMOND RAMSEY DEATH 4 10 1962
報義代金物	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
de d	MALE WHITE WIDOWED DIVORCED 9-29-1902 last birthday) Months Days Hours Mn.
\$ 5 C C C C C C C C C C C C C C C C C C	Too. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
2 Tag 12 2	done during most of working life, even if refired]
20 00 Til	IABORER Maryland State Roads Maryland USA
A Service of the serv	14. MOTREK 3 MAIDEN NAME
是资度是制)	William T. Ramsey Bertha Reynolds
\$ 9 T T	15. WAS DECEASED EVER N.U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Ifyesgivewarordatesofservice)
A F F F E	no 218-16-1421 William Thomas Ramsey Rising Sun 2, Md
2	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
il ir	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Compound fracture of frontal bone with loss
be on the control of	
Paris Services	Conditions, if any, which \ (b)
S C S	gava rise to immediate causa
2 8 4 G	(a), stating the underlying DUE TO
Ped iffice to the control of the con	
Ex. Days	PERFORMED?
his de the	YES NO
Hed bed land	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I of Part II of rom IB.) PRIMARYOD or CONTRIBUTING
S S A A S S A A S S A A S S A A S S A	
复售语言 ·	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State)
* * * * * * * * * * * * * * * * * * *	Hour every 4 10 19 While Not While at work 19 at work 1
Pario Solar	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
1 2 8 5 ti	death resulted from Natural causes , Accident , Suicide , Homicide , Undetermined manner
TEDIC the certification of age	CHIEF MEDICAL EXAMINER
E C C P	DATE SIGNED
of the state of th	DEPUTY MEDICAL EXAMINER [X]
PUCE Juid be fully be	EXAMINER'S R.C. Dodson Rising Sun, Md Address (Street, city, town, or county) 4-10-1962
M 2 5 5	226. NAME OF CEMETERY OR CREMATORY [22d. LOCATION (City, town, or country) (Slate)
	REMOVAL (Specify) 4-13-1962 Rosebank Calvert Cecil Co., Md
5 g 4 5 g	23, FUNERAL DIRECTOR ADDRESS 24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
VS. A15ME	Joseph R. Grant North East, Maryland DATAPR 13'62 Cultum S. Huma
5M. 7/59	DATE I DATE A. TOWN



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whate deceased I yed, If institution: Residence before admission) a. COUNTY director, Page or your files, bard of Health, a. STATE b. COUNTY MARYLAND Cecil Gec il.—
Cov/N (If outside corporete | mits, while KUKAL and give nearest town) b. CITY OR TOWN (Fourside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give necrest town) Cecilton I NAME OF THE PARTY AUTION (If not in hospital, give streat eddress) . IS RESIDENCE d, STREET ADDRESS ON A FARM? YES NO e State Union Hospital 3. NAME OF Midd a DATE Month Year DECEASED OF the (Type or print) DEATH 19 62 ATI ca B. 2 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR, IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Morths Hours Days WIDOWED [DIVORCED s 1, 2, a age 5 i 1 a∎d 2 72 ho 10a. USUAL OCCLPATION (Give kind of work 10b KND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) pages | within Demestic us. HOUSE WILE 14. MOTHER'S MAIDEN NAME in pencil in Item 18. Give Ross Buskirk FIG 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) ! (Ifyesgivewerordatesofservice) Elkton, Md, Hespital Records 18. CAUSE OF DEATH [Enter on y one cause per line for (a), (b) and (c)] INTERVAL BETWEEN r's Office along v s a burial-transit p removal, and in ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Coronary Occlusion IMMEDIATE CAUSE (e) DUE TO 'pending" caminer's Cassabased as a b gave rise to immediate cause DUE TO (e), steting the underlying PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1187 19. WAS AUTOPSY CERTIFICATION PERFORMED? cremati NO 20b DESCRIBE HOW INJURY OCCURED, (Enter nature of interfy in Part, or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS writing the vector of the control of PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Steta) cute the cert ficate, writing the child forwarded to the Child RAL DIRECTOR: Page factory, street, office bldg., etc.) While Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry inspection | = and in my opinion death resulted from-Natural causes 🕳 Suicide Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER FUNERAL DI ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE . DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) shou 22e. BURIAL, CREMATION REMOVAL (Spec fy) 240 p Cecilton, Cecil Co; Md_ April.12.1962 Cecilton Cemetery Burial 248. REC'D BY REGISTRAR | 246. REGISTRAR S SIGNATURE FUNERAL DIRECTOR AISME

MARYLAND STATE DEPARTMENT OF HEALTH

roil 5. . Fall N. X X , ,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04462 CERTIFICATE OF DEATH Reg. Dist. No. with director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY a. STATE b. COUNTY filed MARYLAND Cecil Maryland Cec i 1 the funeral b CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR FOWN (If autside carporate limits, write RURAL and give negrest fawn) å RURAL and give nearest town)
Elkton 2 days should North East IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? > 0 Union Hospital YES TO NO NAME OF 4. DATE First Middle Last Month Year DECEASED OF DEATH 30 (Type or print) 1962 HAROLD STEWART April 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7 B. DATE OF BIRTH MARRIED NEVER MARRIED campletely last birthday) Manths Days Hours WIDOWED [DIVORCED | 2-10-1897 YES. Male 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (state or fareign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) bon p U.S.A. Food Maryland Restaurant proprietor 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician Margaret Biddle Charles A.Stewart 15 WAS DECEASED EVER IN U. 5 ARMED FORCES? 16, SOCIAL SECURITY NO INFORMANT Address attending | North East. Mrs Freda P.Stewart Marvland TO INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter anly one cause per line for (a), (b) and (c)] ONSET AND DEATH ₻ PART I. DEATH WAS CAUSED BY Mesenteric Thrombosis 12 Grs. IMMEDIATE CAUSE (a) DUF TO Embolus From thrombus in left ventrule Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the under Arteriosderatic Heart Disease and Hyceardial Interetion lying couse last PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OF SEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY PERFORMED'S YES TO NO IX 20g. ACC DENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) TIME OF INJURY Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f (City or town) (County) (State) factory, street, office bldg , etc.) Hour a.m. While Nat while at wark at work p. m. 30 Auril 1962 that I lost saw the deceased 21. I certify that I ottended the deceased from detached and that death accurred at 10:301-M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL Fined SIGNATURE 덩 PHYSICIAN'S NAME (Type) 220 BUR AL CREMATION 22b. DATE THEREOF 22d. LOCATION (City, tawn, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Cecil North East, Methodist 24b. REGISTRAR'S SIGNATURE

ADDRESS

24n, REC'D BY REGISTRAR

DATE

arthur S. Kraus

VS A1 (4) 1SM 9/SB

23 FUNERAL DIRECTOR'S SIGNATURE

oseioa

that the death certificate be executed within 24 hours



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission a. COUNTY **b.** COUNTY Cecil Delaware 🖟 MARYLAND b. CITY OR TOWN (if outside corporate I mits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN ilf outsida corporata I mits, write RURA, and give nearest towns write RURAL and give nearest town) Wilmington 5-Perry Point mo. 18 days Pages Turs afte Elled! d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO Veterans Administration Hospital 900 Marsh Road 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) HARRY DEATH STIDHAM 19 April 62 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Days Months Hours Male WIDOWED' DIVORCED 10-2 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE County & State, or foraign country) 12. CIT ZEN OF WHAT COUNTRY? done during most of working tifa, even if retirad) Salesman Delaware USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Franklin Stidham Annie Collins (deceased) deceased. affen 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yas, no, or unkown) | (If yes give war or dates of service) Hospital Records, VAH, Perry Point, Md 0 221-07-4377 TB. CRUSE OF DEATH Enter only one cause per I ne for (a), tb), and (c). þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Ventricular arrhthymia 1 to 3 min Agortic valve calcification. severe. Unknown Conditions, Fany, which gava rise lo immadiate cause DUE TO (a), stating the underlying Arteriosclerotic Heart Disease. causa last Unknown PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 118, 19. WAS AUTOPSY CERTIFICATION PERFORMED? Diabetes Mellitus YES X NO -20a ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in uny in Part I or Part II of fam 18.) OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED, 20e. PLACE OF INJURY Home, farm, 2Df. (City or lown) Month, Day, Year factory, streat, office bldg., etc.) Whila _Not Whila Hour a.m. at work at work p.m. 21 I certify that xix this toggeted) attended the deceased from February 12 19 62 to April from the causes and on the date stated above, 22a SIGNATURE 22b. DATE ATTENDING MED S. GNED DIRECTOR 4-30-62 PHYS PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Pathologist, VAH, Perry Point, Md. Clinical 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 238. BURIAL, CREMATION, 236 DATE THEREOF (Stata) 度MOHAL (Sperify) 4-70-62 の音楽 Wilmington, Delaware Riverview 24 FUNERAL DIRECTOR'S SIGNATURE S ADDRESS 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7,61 Claymont, Delaware DATE MAY 4 Chathan S. Homes

MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased leved, if Institution: Residence before edmission) 1. PLACE OF DEATH a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (if outs'de corporate limits. c. CITY OR TOWN If outside compareta limits, write RURAL and give nearest town, write RURAL and give nearest town) . IS RESIDENCE d. NAME OF HOSP TAL OR INSTITUTION (if not in hospile, give street address, d. STREET ADDRESS ON A FARM? YES NO F 3. NAME OF Middle DATE DECEASED DEATH 1960 (Type or print) THERE 9. AGE (In years | IF UNDER 1 YEAR | IF JNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED last birthday) Months | WIDOWED TO DIVORCED e attending physician a Then please remove coval, and in any event 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) done during most of working life, even if retired) Tolenhone Co Telephone Marvland President 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Min mic Martha Mullin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT [Yes, no, or unknwn] (Ifyesg vewerordelesofservice) -05-0694 Mrs. Felicite S. Totron 18. CAUSE OF DEATH |Enter only one cause per | r= for (e. (b) end (c).)

PARTy. DEATH WAS CAUSED BY Acute Cardiovascular accident - probably

Cerebagi thrombosis INTERVAL BETWEEN MMED ATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO unknown Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying PART I. OTHER'S GNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION 20a. ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of in any in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (Stere) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY Home, ferm, 20f. (City or lown) iactory, street, office bldg., etc.) OR: While _Not While Hour em at work at work 21. I certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above DIRECTOR PHYS. 22d, ADDRESS E. Main St., Elkton, Maryland 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Slete) 238, BURIAL, CREMATION 236, DATE THEREOF 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7 61

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04465

CERTIFICATE OF DEATH

Reg. Dist. No. 722

	1 F	PLACE OF DEATH o. COUNTY MARYIAND					USUAL RESIDENCE (Where deceased lived if institution Residence before admission) STATE					
		Cec11 MARYLAND				- I P	Maryland Cecil					
	Ŀ	b. CITY OR TOWN (I RURAL and give no	f outside corporate limi	ts, write	c LENGTH OF STAY IN	1b	CITY OF TOWN	(If outside corpo	prote limits, write l	RURAL and give	nearest to	own)
		Childs			17 yrs.	X	Childs					
	6		AL (If not in hospital, g	jve street (1	d. STREET ADDRESS	5			e IS I ON YES:	RESIDENCE LA FARM?
	3 1	NAME OF	For	st	Middle	- 11	Last	4. DATE	Мо	oth	Day	Year
	1	DECEASED (Type or print)	Fran	-	MIGGIO	V	Valker	OF DEATH				19 62
1	5. 5	SEX	6. COLOR OR RACE	7 MARR	IEDA NEVER MARRIED	□ 8. D	ATE OF BIRTH		9 AGE (In years lost birthday)		\rightarrow	
		Male	White	WIDOWE	DIVORCED [□ Se	pt. 15.	1893	68 yrs.	Months Do	ys Hou	rs Min
ı	100.	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR I				country)	12 CITIZEN	NOF WHA	TCOUNTRY
		during most of working life, even if retired) Farmer)	Farming		Pennsylvania			U.S.A.		
1	13.	3. FATHER'S NAME			14 MOTHER'S MAIDEN NAME							
	2.0	MALL DECEMPEDENT	D IN III C ADMED TOD	erea la	contat regularies and	INTO	24444		4 4	A		
1	(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address INFORMANT Address										
		No 216-14-3628A Mrs. Frank Walker, Childs, Md.										
		18. CAUSE OF DEATH [Enter only one couse per line for (o) (b), and (c).] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriascleratic Heart Dispose with 420,0 Due to Consestive Heart Failure Conditions, if any, which) (b)									ND DEATH	
		gove rise to immediate couse (a), stating the under-lying couse last.									-	
	CATION	PART II OTH	<u>`</u>		CONTRIBUTING TO DEATH	8UT NO	FRELATED TO THE FE	RMINAL DISEAS	SE CONDITION GI	VEN IN PART I	PER	AS AUTOPSY REORMED?
	CERTIF	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206 DESC	CRIBE HOW INJURY OCC	URRED (E	nter noture of injury	in Port 1 or Po	rt II of item 18)			
^	MEDICAL	20c TME OF INJUR Hour o.m. p.m.	Y Month, Doy, Yes	While	Not while of work	e PLACE foctory	OF INJURY (Home, to street, office bldg.,	form, 20f (Cit elc.)	y or town)	(Cov	nty)	(Stole
		21. I certify the alive an ACTUAL SIGNATURE	at I attended the	decease 2_, 19 £			_, 1940 , to_curred at \$1.43	ADDRESS (S		nd an the d	late stat	
		PHYSICIAN'S TILLMAN D. Solanson M.D. Elliton, M.										
	220 E	BURIAL CREMATO REMOVAL (Specify) BUPIAL	5/4/62	F	Elkton C				TON (City, town,	or county!	(5	tote]
	23	FUNERAL DIRECTOR	S SIGNATURE	ba	Elkton,		24a. R	EC'D BY REGIS	TRAR 24b. REG	ISTRAR'S SIGN.		

by the funeral director, and 2 should be fixed with IYSICIAN: The law requires that the death certificate be executed within 24 hours after LOTRECTOR: After this cert ficate has been signed by the ottending physician and completely filled ould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Then please remove carbon papers the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death page 3 should be detached for use as the burial-transit TO HOSPITAL OR ATT may be refored by the TO FUNE A DIRECTOR: VS A1S (4) 15M 9/S8



TISTICAL RESEARCH AND RECORDS, 301 RESTON STREET, BALTIMORE 1, MARYLAND OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY b. COUNTY Cecil MARYLAND Maryland Cecil b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town! Elkton Elkton. 2 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? Route 5 YES NO A Union Hospital 3. NAME OF 4. DATE Middle Month DECEASED OF DEATH April 19 62 (Type or print) Elmer 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers I IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Deys Hours WIDOWED 15. 1892 DIVORCED May Male 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) done during most of working life, even if retired) Reading, Pennsylvania U. S. A. Retired paper maker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending | Wellington Wertz Elizabeth Repard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Route 5 (Yes, no, or unknwn) | (Il yes give wer or detes of service) Mrs. Hazel A. Wertz, Elkton, Md. 13. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c), INTERVAL BETWEEN Cardiac rhythm disorder with Cardiac Standstill IMMEDIATE CAUSE (0) DUE TO OUETO with atrial Fibrillation Conditions, if any, which geve rise to immediate cause (e), stelling the underlying causa last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? None YES NO 206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL Month, Day, Yeer 20e, PLACE OF INJURY (Home, farm, 201. (City or town) (County) (Stele) 20c. TIME OF INJURY 20d. INJURY OCCURRED I Not While factory, street, office bldg., etc.) While Hour e.m. el work at work 1964 to 4- 5-, 1962, that (1) (we) last DATE 220. SIGNATURE ATTENDING SIGNED MED STAFF DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) 230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY F S REMOVAL (Specify)
Burial 高寺 9.1962 Cherry Hill Cemetery Cecil County, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL-DIRECTOR'S SIGNATUR VR A15 (4) arthur & House Elkton, Maryland 15M 7/61 DATE

executed

requires that the

physician

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